REQUEST FOR SMCI COURSE											
NAME OF ATTENDEE (Last, first MI)				5	SSN	SEX M F			FULL RANK (spelled out)		
BRANCH OF SERVICE				PS	C#	BOX#		Al	PO/FPO	COUNTRY STATIONED	
Navy Army Air Force USMC MTMC MTMC											
TELEPHONE NUMBERS											
DSN COMMERCIAL (+				+country code)			FAX		EMAIL ADDRESS		
BILLETING INFORMATION											
DATE OF SMCI CLASS			ARRIVAL				DEPARTURE				
PERSON REQUESTING CLASS											
NAME RAN							OSITION			NIT	
REMARKS											
Second person											
NAME OF ATTENDEE (Last, first MI) SSN SEX FULL RANK (spelled out)										K (spelled out)	
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BRANCH OF SERVICE UNIT NAME PSC#						ВОХ		PO	/FPO C	COUNTRY STATIONED	
Navy											
TELEPHONE NUMBERS											
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BILLETING INFORMATION											
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REMARKS											